

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Phillips Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Linwood Road Lynn, MA 01905	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>44095</p> <p>Based on observations, record review, policy review, and interviews, the facility failed to ensure one Resident (#2), out of 8 total sampled residents, was assessed for the ability to self-administer medications.</p> <p>Specifically, for Resident #2 the facility failed to ensure he/she was assessed to self-administer polyethylene glycol 3350 powder (laxative oral medication) and benefiber powder (laxative oral medication), and Resident #2's medication self-administration safety screen assessments were not complete (missing route, dose, and frequency as required).</p> <p>Findings include:</p> <p>Review of the facility policy, Medication Administration, dated as revised December 2012, indicated:</p> <p>24. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.</p> <p>Review of the facility policy, Self-Administration of Medications, dated as revised December 2012, indicated residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.</p> <p>1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident.</p> <p>2. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including (but not limited to) the resident's:</p> <p>a. Ability to read and understand medication labels;</p> <p>b. Comprehension of the purpose and proper dosage and administration time for his or her medications;</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Phillips Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Linwood Road Lynn, MA 01905	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and</p> <p>d. Ability to recognize risks and major adverse consequences of his or her medications.</p> <p>4. The staff and practitioner will ask residents who are identified as being able to self-administer medications whether they wish to do so.</p> <p>5. The staff and practitioner will document their findings and the choices of residents who are able to self-administer medications.</p> <p>Resident #2 was admitted to the facility in July 2022 with diagnoses including post traumatic stress disorder, irritable bowel syndrome, and dysphagia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 3/11/24, indicated Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 which indicated he/she was cognitively intact.</p> <p>During an interview on 4/30/24 at 8:55 A.M., Resident #2 said he/she was waiting for his/her laxatives to be mixed in his/her coffee.</p> <p>During a follow-up interview on 4/30/24 at 9:02 A.M., Resident #2 said that Nurse #1 had just brought him/her laxatives and the laxatives were in his/her coffee.</p> <p>On 4/30/24 at 9:20 A.M., the surveyor observed Nurse #1 prepare and administer medications to Resident #2. Nurse #1 said that she puts Resident #2's polyethylene glycol 3350 powder and benefiber powder in his/her coffee, she leaves the medications mixed in the coffee with Resident #2 and she leaves the room. Nurse #1 said that Resident #2 will self-administer the medications after she leaves the room. Nurse #1 said she works the medication cart 5 days a week and this is her usual practice.</p> <p>Review of the physician's order, dated 7/14/22, indicated:</p> <ul style="list-style-type: none"> - Resident may self-administer medications unsupervised of eye drops, inhalers, topical treatments to skin, nasal spray, which is stored with nursing. <p>Review of the physician's order, dated 7/11/22, indicated:</p> <ul style="list-style-type: none"> - benefiber powder (wheat dextrin), give 2 teaspoons by mouth in the morning for gastrointestinal supplement related to irritable bowel syndrome. <p>Review of the physician's order, dated 7/28/23, indicated:</p> <ul style="list-style-type: none"> - polyethylene glycol 3350 powder, give 17 grams by mouth one time a day for constipation related to irritable bowel syndrome. <p>Review of the medication self-administration safety screen assessments, dated 4/8/23, 7/1/23, 9/21/23, 12/17/23, and 3/7/24, indicated the following instructions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Phillips Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Linwood Road Lynn, MA 01905	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Complete this assessment prior to resident initiating self-administration of medication and with any medication order changes, change in function/condition that might affect the resident's ability to safely self-administer medications. Ongoing assessment should occur at a minimum quarterly. Use clinical judgment with section B to determine if or what level of self-administration will be allowed.</p> <p>- Section A, titled Medications, indicated the following instructions:</p> <p>List all medications that are being considered for resident self-administration. List medication, route, dose and frequency. Indicate where the medication will be stored.</p> <p>Review of the assessments indicated the following:</p> <ol style="list-style-type: none"> 1. Medication #1- nasal spray, no dose or frequency. 2. Medication #2- inhaler, no dose or frequency. 3. Medication #3- petroleum jelly application, no dose or frequency. 4. Medications #4- eye drop administration, no dose or frequency. 5. Medication #5- topical powder treatment to skin, no dose or frequency. <p>Further review of the assessment failed to include Resident #2's polyethylene glycol 3350 powder or benefiber powder.</p> <p>On 5/1/24 at 10:33 A.M., the surveyor and Nurse #1 reviewed the medication self-administration safety screen assessments, Nurse #1 said the assessment was not complete and did not have the dose or frequency of the 5 medications and she said there was no assessment for polyethylene glycol 3350 powder and benefiber powder and there should have been.</p> <p>During an interview on 5/1/24 at 10:50 A.M., the Administrator said nursing should complete the medication self-administration safety screen assessments completely, and nursing should include the polyethylene glycol 3350 powder and benefiber powder in the assessment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Phillips Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Linwood Road Lynn, MA 01905	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45763</p> <p>Based on observation, policy review, and interview, the facility failed to store food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure food was labeled and dated, and that employee drinks were not stored with resident food and ingredients.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Receiving and Storage, revised October 2017, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> -All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). - Food items and snacks kept on the nursing units must be maintained as indicated below: <ul style="list-style-type: none"> a. All food items to be kept below 41 degrees Fahrenheit must be placed in the refrigerator located at the nurses' station and labeled with a use by date. b. All foods belonging to residents must be labeled with the resident's name, the item and the use by date. c. Refrigerators must have working thermometers and be monitored for temperature according to state-specific guidelines. d. Beverages must be dated when opened and discarded after twenty-four (24) hours. e. Other opened containers must be dated and sealed or covered during storage. <p>Review of the United States Food & Drug Administration Refrigerator & Freezer Storage Chart, posted on the reach-in refrigerator in the kitchen, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> - Follow handling recommendations on the product. - The safe amount of time to store a fully cooked Ham half was three to five days. <p>Review of the Servsafe (a nationally recognized food safety training accreditation) guide, titled How to: Properly Store Food, posted on the reach-in refrigerator in the kitchen, indicated that all stored food must be labeled & dated.</p> <p>On 4/30/24 at 7:06 A.M., the surveyor made the following observations during the initial walkthrough of the kitchen:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Phillips Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Linwood Road Lynn, MA 01905	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-A yogurt parfait with a best-by date of 4/17, and a yogurt parfait with a best-by date of 4/23 in the reach-in refrigerator; there were no dates indicating when the yogurt parfaits were received or should be used-by.</p> <p>-Shredded cheese, opened but undated in the reach-in refrigerator.</p> <p>-An unsliced Ham half, opened and wrapped but undated in the reach-in refrigerator.</p> <p>-An unsliced block of cheese, opened and wrapped but undated in the reach-in refrigerator.</p> <p>During an observation and interview on 4/30/24 at 12:05 P.M., the surveyor observed an open can of iced-tea in the reach-in refrigerator next to resident food and ingredients. The cook said that the drink belonged to him, and the administrator said that employee drinks should not be stored with resident food or ingredients. The Administrator said food should be labeled and dated when received by the facility, and that the yogurt parfaits were bought pre-made.</p> <p>On 4/30/24 at 1:40 P.M., the surveyor observed a container of food in the refrigerator designated for resident food and supplements on the 1st floor, the container was not labeled or dated.</p> <p>On 4/30/24 at 1:43 P.M., the surveyor observed a nutritionally fortified supplemental shake in the refrigerator designated for resident food and supplements on the 2nd floor; the shake was open and almost empty, but undated.</p> <p>During an interview on 4/30/24 at 1:46 P.M., Nurse #1 said a nutritionally fortified supplemental shake should be discarded 24 hours after opening, and for this reason all shakes that are open but not finished should be dated. Nurse #1 said that the shake on the 2nd floor was open prior to her shift. Nurse #1 said resident refrigerators should be checked daily.</p> <p>During an interview on 4/30/24 at 1:49 P.M., the Administrator said resident leftover food and/or food brought in by visitors should be labeled, dated, and discarded after three days. The Administrator said open nutritionally fortified supplemental shakes should be dated when they were opened, and discarded after 24 hours. The Administrator said kitchen staff were responsible for checking unit refrigerators daily.</p>		